

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-27-03

I. DISPUTE

Whether there should be reimbursement for CPT codes 99204-25, 76800-WP, 72110-WP, 97122, 97265, 97032, 97035, and 99213-25.

II. FINDINGS

The respondent denied reimbursement based upon “L – No Treating Doctor Approval.” The requestor submitted a referral from treating doctor ____ to evaluate and treat claimant; therefore, the insurance carrier incorrectly denied services based upon “L”. The disputed services will be reviewed in accordance with *Medical Fee Guideline*.

III. RATIONALE

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|--|----------|----------|--------|-----------------|--|--|---|
| 1-8-03 | 99204-25 | \$105.00 | \$0.00 | L | \$106.00 or less | CPT code Descriptor Rule 126.9 | Office visit report supports billed service, reimbursement of \$105.00 is recommended. |
| 1-8-03 | 76800WP | \$350.00 | \$0.00 | L | \$188.00 | CPT code Descriptor Rule 126.9 | Sonograms report supports service billed; reimbursement of \$188.00 is recommended. |
| 1-8-03 | 72110WP | \$140.00 | \$0.00 | L | \$100.00 | CPT code Descriptor Rule 126.9 | X-ray report supports service billed, reimbursement of \$100.00 is recommended. |
| 1-8-03 1-9-03 1-10-03 1-13-03 1-14-03 1-15-03 1-16-03 1-17-03 1-20-03 1-21-03 1-27-03 2-3-03 2-4-03 2-12-03 | 97122 | \$35.00 | \$0.00 | L | \$35.00 / 15 min | CPT code Descriptor Medicine GR (I)(A)(10)(a) Rule 126.9 | Exceeds the 2 hour time limit on 1-21-03 and 1-27-03 per Medicine GR (I)(A)(10)(a). No reimbursement for 97122 on these dates is recommended. SOAP notes supports billed service per MFG, reimbursement of 12 dates X \$35.00 = \$420.00 is recommended. |

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| 1-8-03 1-9-03 1-10-03 1-13-03 1-14-03 1-15-03 1-16-03 1-17-03 1-20-03 1-21-03 1-27-03 2-3-03 2-4-03 2-12-03 | 97265 | \$43.00 | \$0.00 | L | \$43.00 | CPT code Descriptor Medicine GR (I)(A)(10)(a) Rule 126.9 | SOAP notes supports billed service per MFG, reimbursement of 14 dates X \$43.00 = \$602.00 is recommended. |
| 1-8-03 1-9-03 1-10-03 1-13-03 1-14-03 1-15-03 1-16-03 1-17-03 1-20-03 2-4-03 | 97032 | \$22.00 | \$0.00 | L | \$22.00 / 15 min | | SOAP notes supports billed service per MFG, reimbursement of 10 dates X \$22.00 = \$220.00 is recommended. |
| 1-8-03 1-9-03 1-10-03 1-13-03 1-14-03 1-15-03 1-16-03 1-17-03 1-20-03 2-4-03 | 97035 | \$22.00 | \$0.00 | L | \$22.00 / 15 min | CPT code Descriptor Rule 126.9 Medicine GR (I)(A)(10)(a) | SOAP notes supports billed service per MFG, reimbursement of 10 dates X \$22.00 = \$220.00 is recommended. |
| 1-9-03 1-10-03 1-13-03 1-14-03 1-15-03 1-16-03 1-17-03 1-20-03 1-21-03 2-3-03 | 99213-25 | \$48.00 | \$0.00 | L | \$48.00 | CPT code Descriptor Rule 126.9 | SOAP notes supports billed service per MFG, reimbursement of 10 dates X \$48.00 = \$480.00 is recommended. |
| 1-21-03 | 97250 | \$43.00 | \$0.00 | L | \$43.00 | CPT code Descriptor Rule 126.9 | SOAP notes supports billed service per MFG, reimbursement of \$43.00 is recommended. |
| 1-22-03 1-28-03 1-29-03 | 97113 (X8) | \$416.00 | \$0.00 | L | \$52.00 / 15 min | CPT code Descriptor Rule 126.9 | SOAP notes supports billed service per MFG, reimbursement of 7 dates X \$416.00 = \$2912.00 is |

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|---|---------------|----------|--------|---|------------------|--------------------------------------|---|
| 1-31-03 2-8-03 2-10-03 2-12-03 | | | | | | | recommended |
| 1-27-03 | 99215-25 | \$100.00 | \$0.00 | L | \$100.00 | CPT code Descriptor Rule 126.9 | Office visit report supports service billed reimbursement of \$100.00 is recommended. |
| 2-3-03 | 97530 (X4) | \$140.00 | \$0.00 | L | \$35.00 / 15 min | CPT code Descriptor Rule 126.9 | SOAP notes supports billed service per MFG, reimbursement of \$140.00 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$5530.00. |

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (99204-25, 76800-WP, 72110-WP, 97122, 97265, 97032, 97035, and 99213-25) in the amount of **\$ 5530.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$5530.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division